

# **Texas Unified Nutrition Programs System (TX-UNPS) Project**

## **SNP Site Claims**

### **TX-UNPS SNP Point of Sale (POS) File Format Specifications**

#### **Final Version**

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**State of Texas  
Department of Agriculture  
Food and Nutrition Division**



Submitted by:



Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
1	1	3	Upload Form ID	3	N(3,0)	Y	<b>Claim General Information</b> Insert value = 703 for every record
2	4	9	Sequential Number	6	N(6,0)	Y	<b>Claim General Information</b> Sequential Record Number (1, 2, 3, etc.) The sequential number <b>MUST</b> be unique within a POS file
3	10	17	Process Date	8	N(8,0)	N	<b>Claim General Information</b> MMDDYYYY - Date the Contracting Entity exported the data from their system  Format: MMDDYYYY  NOTE: This data is not stored or used within TX-UNPS; however, it may be useful to the Contracting Entity
4	18	81	Contracting Entity Name	64	C(64)	Y	<b>Claim General Information</b> Name of the Contracting Entity (as indicated within TX-UNPS)
5	82	86	Contracting Entity ID	5	C(5)	Y	<b>Claim General Information</b> Unique Contracting Entity ID that was system generated by TX-UNPS; this <b>MUST</b> match the CE ID defined within TX-UNPS.  Zero fill from left (e.g. 01234)

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
6	87	150	Site Name	64	C(64)	Y	<b>Claim General Information</b> Name of the Site (as indicated within TX-UNPS).
7	151	154	Site ID	4	C(4)	Y	<b>Claim General Information</b> Unique Site Number maintained within TX-UNPS; this <b>MUST</b> match the Site ID defined within TX-UNPS.  Zero fill from left (e.g., 0114)
8	155	156	Claim Month	2	N(2,0)	Y	<b>Claim General Information</b> The two-digit calendar month for which the claim is being submitted  Example: January = 01; February = 02, etc.
9	157	160	Claim Year	4	N(4,0)	Y	<b>Claim General Information</b> The four digit calendar year for which the claim is being submitted  Example: 2011
10	161	167	G1 - Number of Children Approved for Free Meals	7	N(7,0)	N	<b>SNP General Information</b> If site is not claiming Lunch or Breakfast for this claim month, leave blank
11	168	174	G2 - Number of Children Approved for Reduced Price Meals	7	N(7,0)	N	<b>SNP General Information</b> If site is not claiming Lunch or Breakfast for this claim month, leave blank
12	175	181	G3 - Number of Enrolled Children	7	N(7,0)	N	<b>SNP General Information</b> If site is not claiming Lunch or Breakfast for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
13	182	188	L1 - Authorized Sites Participating	7	N(7,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"
14	189	195	L2 - Total Monthly Attendance	7	N(7,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank
15	196	197	L3 - Number Operating Days	2	N(2,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank
16	198	204	L4a - Free Reimbursable Lunches Served	7	N(7,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank
17	205	211	L4b - Reduced Price Reimbursable Lunches Served	7	N(7,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank
18	212	218	L4c - Paid Reimbursable Lunches Served	7	N(7,0)	N	<b>National School Lunch Program</b> If site is not claiming this program for this claim month, leave blank
19	219	225	L4d- Total Lunches Served (a + b + c)	7	N(7,0)	N	<b>National School Lunch Program</b> Enter sum of L4a+L4b+L4c  If site is not claiming this program for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
20	226	232	B1 - Authorized Sites Participating	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"
21	233	239	B2 - Total Monthly Attendance	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
22	240	241	B3 - Number Operating Days	2	N(2,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
23	242	248	B4a - Free Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
24	249	255	B4b - Reduced Price Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
25	256	262	B4c - Paid Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> If site is not claiming this program for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
26	263	269	B4d - Total Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Regular Reimbursement)</b> Enter sum of B4a+B4b+B4c  If site is not claiming this program for this claim month, leave blank
27	270	276	N1 - Authorized Sites Participating	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
28	277	283	N2 - Total Monthly Attendance	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
29	284	285	N3 - Number Operating Days	2	N(2,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
30	286	292	N4a - Free Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
31	293	299	N4b - Reduced Price Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
32	300	306	N4c - Paid Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> If site is not claiming this program for this claim month, leave blank
33	307	313	N4d - Total Reimbursable Breakfasts Served	7	N(7,0)	N	<b>School Breakfast Program (Severe Need Reimbursement)</b> Enter sum of N4a+N4b+N4c  If site is not claiming this program for this claim month, leave blank
34	314	320	AN1 - Number of Children Approved for Free Snacks (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
35	321	327	AN2 - Number of Children Approved for Reduced Snacks (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
36	328	334	AN3 - Number of Enrolled Children (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
37	335	341	AN4 - Authorized Sites Participating (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
38	342	348	AN5 - Total Monthly Attendance (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
39	349	350	AN6 - Number Operating Days (Non-Area Eligible)	2	N(2,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
40	351	357	AN7a - Free Snacks Served (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
41	358	364	AN7b - Reduced Snacks Served (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
42	365	371	AN7c - Paid Snacks Served (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
43	372	378	AN7d - Total Snacks Served (Non-Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Non Area Eligible)</b> Enter sum of AN7a+AN4b+AN7c  If site is not claiming this program for this claim month, leave blank



Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
44	379	385	AE1 - Number of Children Approved for Free Snacks (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
45	386	392	AE3 - Number of Enrolled Children (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank .  Enter value in AE1
46	393	399	AE4 - Authorized Sites Participating (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"
47	400	406	AE5 - Total Monthly Attendance (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
48	407	408	AE6 - Number Operating Days (Area Eligible)	2	N(2,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
49	409	415	AE7a - Free Snacks Served (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> If site is not claiming this program for this claim month, leave blank
50	416	422	AE7d - Total Snacks Served (Area Eligible)	7	N(7,0)	N	<b>Afterschool Care Program (Area Eligible)</b> Enter value in AE7a  If site is not claiming this program for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
51	423	429	M1 - Number of Fluid Milk 1/2 Pints Purchased	7	N(7,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank
52	430	436	M2 - Total Cost of Fluid Milk Purchased This Month	7	N(7,2)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank ; If site is claiming for this month, the total cost must include a decimal point
53	437	443	M3 - Authorized Sites Participating	7	N(7,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank If site is claiming for this program for this claim month, enter "1"
54	444	450	M4 - Total Monthly Attendance	7	N(7,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank
55	451	452	M5 - Number Operating Days	2	N(2,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank
56	453	459	M6a - Free Milk Served	7	N(7,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank
57	460	466	M6b - Paid Milk Served	7	N(7,0)	N	<b>Special Milk Program</b> If site is not claiming this program for this claim month, leave blank

Field Seq.	Position From	Position To	Description	Field Length	Field Type	Required Field?	Instructions
58	467	473	M6c - Total Milk Served	7	N(7,0)	N	<b>Special Milk Program</b> Enter sum of M6a+M6b  If site is not claiming this program for this claim month, leave blank